

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2015 JUL 31 AM 9:51  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FEMINIST MAJORITY PAC

ADDRESS (number and street)

11600 WILSON BLVD.



Check if different  
than previously  
reported. (ACC)

SUITE 801

ARLINGTON

VA

22209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00377168

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD /

YY / YY /

YY / YY /

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD /

YY / YY /

YY / YY /

in the  
State of

5. Covering Period

MM / DD /

YY / YY /

2015

through

MM / DD /

YY / YY /

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ELEANOR Smeal, ASSISTANT TREASURER

Signature of Treasurer

Elean Smeal

Date

MM / DD /

YY / YY /

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Of Ace  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FEMINIST MAJORITY PAC

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2015

To:

MM / DD / YYYY  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2015</u>		<u>2561.89</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>2561.89</u>	
(c) Total Receipts (from Line 19).....	<u>11090.00</u>	<u>11090.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>13651.89</u>	<u>13651.89</u>
7. Total Disbursements (from Line 31).....	<u>6783.93</u>	<u>6783.93</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>6867.96</u>	<u>6867.96</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FEMINIST MAJORITY PAC

Report Covering the Period:

From:

01 / 01 / 2015

To:

06 / 30 / 2015

## I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

### 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii))..... ▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5)..... ▶

### 12. Transfers From Affiliated/Other Party Committees.....

### 13. All Loans Received.....

### 14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

### 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19)..... ▶

11,000.00

90.00

11,090.00

0

0

11,090.00

0

0

0

0

0

0

0

0

0

0

0

11,090.00

11,090.00

11,090.00

11,090.00

90.00

11,090.00

0

0

11,090.00

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0

0

11,090.00

11,090.00

11,090.00

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## II. Disbursements

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

### 21. Operating Expenditures:

(a) Allocated Federal/Non-Federal  
Activity (from Schedule H4)

(i) Federal Share .....

(ii) Non-Federal Share .....

(b) Other Federal Operating  
Expenditures .....

(c) Total Operating Expenditures  
(add 21(a)(i), (a)(ii), and (b)) .....

### 22. Transfers to Affiliated/Other Party

Committees .....

### 23. Contributions to Federal Candidates/Committees and Other Political Committees .....

### 24. Independent Expenditures

(use Schedule E) .....

### 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....

### 26. Loan Repayments Made .....

### 27. Loans Made .....

### 28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees .....

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs) .....

(d) Total Contribution Refunds  
(add Lines 28(a), (b), and (c)) .....

### 29. Other Disbursements .....

### 30. Federal Election Activity (52 U.S.C. § 30101(20))

(a) Allocated Federal Election Activity  
(from Schedule H6)

(i) Federal Share .....

(ii) "Levin" Share .....

(b) Federal Election Activity Paid Entirely  
With Federal Funds .....

(c) Total Federal Election Activity (add  
Lines 30(a)(i), 30(a)(ii) and 30(b)) .....

### 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

### 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....

0

0

78393

78393

0

600000

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678393

678393

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78393

78393

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600000

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0

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0

0

678393

678393

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11,090.00	11,090.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11,090.00	11,090.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	783.93	783.93
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	783.93	783.93

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. YORIKIN, PEG

Mailing Address CIO MANN, GELON ET AL

1880 CENTURY PARK EAST, #950

City State Zip Code

LOS ANGELES, CA 90067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

06 / 19 / 2015

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. SPILLAR, KATHERINE

Mailing Address

P.O. BOX 837

City State Zip Code

VENICE, CA 90294

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FEMINIST MAJORITY FDN

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. SPILLAR, KATHERINE

Mailing Address

P.O. BOX 837

City State Zip Code

VENICE, CA 90294

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FEMINIST MAJORITY FDN

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

06 / 30 / 2015

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY FOUNDATION

Full Name (Last, First, Middle Initial)

A. LEIF, CAROL

Mailing Address C/O NKSFLP

10960 WILSHIRE BLVD., 5th Floor

City LOS ANGELES, CA State CA Zip Code 90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

COMEDIAN/ACTRESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

06 / 30 / 2015

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

5,000.00

TOTAL This Period (last page this line number only).....▶

11,000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**FEMINIST MAJORITY PAC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

**PAY PAL, INC.**

Mailing Address

**400 SOLUTIONS CENTER**

City

**CHICAGO, IL**

State

Zip Code

**60677**

Purpose of Disbursement

**MONTHLY PROCESSING FEE**

Candidate Name

**N/A**

**003**

Category/  
Type

Amount of Each Disbursement this Period

**5410**

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

**BANK OF AMERICA**

Mailing Address

**PO BOX 830175**

City

**DALLAS TX**

State

Zip Code

**75283**

Purpose of Disbursement

**BANK SERVICE CHARGE**

Candidate Name

**N/A**

**003**

Category/  
Type

Amount of Each Disbursement this Period

**5265**

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

**003**

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**10675**



SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

PAY PAL, INC.

Mailing Address

400 SOLUTIONS CENTER

City

CHICAGO, IL

State

Zip Code

60677

Purpose of Disbursement

MONTHLY PROCESSING FEE

Candidate Name

N/A

003

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

54.10

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

BANK OF AMERICA

Mailing Address

PO BOX 830175

City

DALLAS TX

State

Zip Code

75283

Purpose of Disbursement

BANK SERVICE CHARGE

Candidate Name

N/A

003

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

50.79

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

104.89

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A.

PAY PAL, INC.

Mailing Address

400 SOLUTIONS CENTER

City

CHICAGO, IL

State

Zip Code

60677

Purpose of Disbursement

MONTHLY PROCESSING FEE

Candidate Name

N/A

003  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

04/03/2015

Amount of Each Disbursement this Period

54.10

B.

BANK OF AMERICA

Mailing Address

PO BOX 830175

City

DALLAS TX

State

Zip Code

75283

Purpose of Disbursement

BANK SERVICE CHARGE

Candidate Name

N/A

003  
Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

04/15/2015

Amount of Each Disbursement this Period

50.79

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

104.89

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. PAY PAL, INC.		Date of Disbursement
Mailing Address 400 SOLUTIONS CENTER		05/05/2015
City CHICAGO, IL		
State IL		
Zip Code 60677		
Purpose of Disbursement MONTHLY PROCESSING FEE		
Candidate Name N/A		Amount of Each Disbursement this Period 54.10
Of/Ace Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

B. BANK OF AMERICA		Date of Disbursement
Mailing Address PO BOX 830175		05/15/2015
City DALLAS TX		
State TX		
Zip Code 75283		
Purpose of Disbursement BANK SERVICE CHARGE		
Candidate Name N/A		Amount of Each Disbursement this Period 50.78
Of/Ace Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

C.		Date of Disbursement
Mailing Address		
City		
State		
Zip Code		
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Of/Ace Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

104.88

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A.

PAY PAL, INC.

Mailing Address

400 SOLUTIONS CENTER

City

CHICAGO, IL

State

Zip Code

60677

Purpose of Disbursement

MONTHLY PROCESSING FEE

Candidate Name

N/A

003

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

06 / 03 / 2015

Amount of Each Disbursement this Period

54.10

Full Name (Last, First, Middle Initial)

B.

BANK OF AMERICA

Mailing Address

PO BOX 830175

City

DALLAS TX

State

Zip Code

75283

Purpose of Disbursement

BANK SERVICE CHARGE

Candidate Name

N/A

003

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

06 / 15 / 2015

Amount of Each Disbursement this Period

50.78

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

003

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYYYY

Amount of Each Disbursement this Period

104.88

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

104.88

633.93

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. DCCC

Mailing Address

430 SOUTH CAPITOL ST., SE

City WASHINGTON, DC State DC Zip Code 20003

Purpose of Disbursement

CONTRIBUTION

Candidate Name

N/A

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

05 / 29 / 2015

Amount of Each Disbursement this Period

0.11 1,000.00

B. DONNA EDWARDS FOR SENATE

Mailing Address

P.O. BOX 44305

City FT. WASHINGTON, MD State MD Zip Code 20749

Purpose of Disbursement

CONTRIBUTION

Candidate Name

DONNA EDWARDS

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: MD

District:

Date of Disbursement

06 / 25 / 2015

Amount of Each Disbursement this Period

0.11 5,000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6,000.00

6,000.00

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. PAY PAL, INC.

Mailing Address 400 SOLUTIONS CENTER

City CHICAGO IL State Zip Code 60677

Purpose of Disbursement MONTHLY PROCESSING FEE

Candidate Name N/A

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

01 / 03 / 2013

Amount of Each Disbursement this Period

5410

B. BANK OF AMERICA

Mailing Address PO BOX 830175

City DALLAS TX State Zip Code 75283

Purpose of Disbursement BANK SERVICE CHARGE

Candidate Name N/A

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

01 / 02 / 2015

Amount of Each Disbursement this Period

5354

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10764

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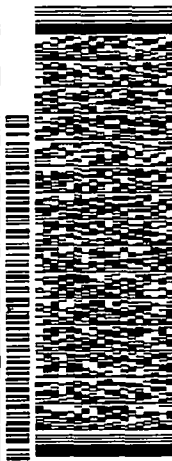
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DIANE CUTRI  
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1600 WILSON BLVD  
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Arlington, VA 22209  
UNITED STATES US

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CAD: 1484321/NET3670  
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FEDERAL ELECTION COMMISSION  
999 E STREET, NW

WASHINGTON DC 20463  
REF: FM PAC  
NW  
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DEPT

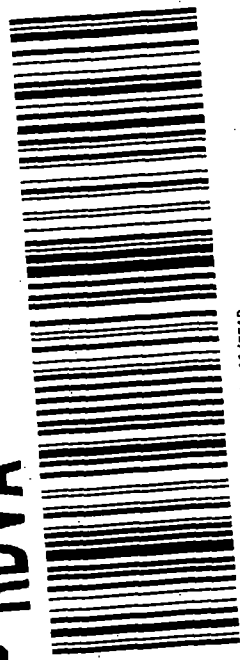


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